

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Mifsud

Signature of Treasurer

Electronically Filed by Paul Mifsud

Date

10

02

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span style="border: 1px solid black; padding: 2px;">2009</span>		47007.74
(b) Cash on Hand at Beginning of Reporting Period .....	128003.57	
(c) Total Receipts (from Line 19) .....	35523.00	269069.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	163526.57	316077.23
7. Total Disbursements (from Line 31) .....	60805.66	213356.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102720.91	102720.91
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	2201.00	31220.76
(ii) Unitemized .....	33322.00	237848.73
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35523.00	269069.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35523.00	269069.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35523.00	269069.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35523.00	269069.49

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	37305.66	107856.32	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	37305.66	107856.32	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	105500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60805.66	213356.32	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60805.66	213356.32	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	35523.00	269069.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35523.00	269069.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37305.66	107856.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	37305.66	107856.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of CA, Davis

Occupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: 90617.C100188

Amount of Each Receipt this Period

10.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of CA, Davis

Occupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: 90623.C100905

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Sheral Cade

Mailing Address 6030 Bryan Pkwy

City

Dallas

State

TX

Zip Code

75206-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkland Hospital

Occupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: 90617.C99684

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary P Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City

Ballwin

State

MO

Zip Code

63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Chair of Dietetics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 90714.C100920

Amount of Each Receipt this Period

60.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Elizabeth Gibson Dunn

Mailing Address 1051 Holtridge Dr.

City

Apex

State

NC

Zip Code

27523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A @ PRESENT

Occupation

RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 9

Transaction ID: 90623.C100885

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joyce A Gilbert

Mailing Address Apt 2  
14521 Dickens St

City

Sherman Oaks

State

CA

Zip Code

91403-3782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.A. Gilbert Associates

Occupation

Dir. Maryilyn Magaram Ctr of F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 90714.C100912

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

810.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carol J Gilmore

Mailing Address 3424 Doral Ct

City

Lawrence

State

KS

Zip Code

66047-2131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAWRENCE MEMORIAL HOSPITAL

Occupation

RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: 90617.C99578

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Alice J. Gute

Mailing Address 755 Prospect St

City

Owatonna

State

MN

Zip Code

55060-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

Transaction ID: 90623.C100766

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Marian C Johnson

Mailing Address 4014 SW Holgate St

City

Seattle

State

WA

Zip Code

98116-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fred Hutchinson Research

Occupation

DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 90714.C100956

Amount of Each Receipt this Period

50.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kim L Jordan

Mailing Address 1008 6th Ave North  
# 302

City	State	Zip Code
Seattle	WA	98109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle CCA organizationOccupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	9

Transaction ID: 90714.C100918

Amount of Each Receipt this Period

52.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Marilyn Laskowski-sachnoff

Mailing Address 4402 Stonehedge Rd

City	State	Zip Code
Edison	NJ	08820-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex County CollegeOccupation  
Dean, Division of Business, Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	9

Transaction ID: 90617.C99999

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Laskowski-sachnoff

Mailing Address 4402 Stonehedge Rd

City	State	Zip Code
Edison	NJ	08820-4223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex County CollegeOccupation  
Dean, Division of Business, Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: 91002.C101707

Amount of Each Receipt this Period

52.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

204.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Helen F Lodge

Mailing Address 4106 Virginia Ave Se

City

Charleston

State

WV

Zip Code

25304-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

REGISTERED DIETITIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 91002.C101715

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Meg W Moreta

Mailing Address 3251 Provon Ln

City

Los Angeles

State

CA

Zip Code

90034-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USC Westside Diabetes Center

Occupation

RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: 90617.C100256

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Doree L Morgan

Mailing Address 26092 Bancroft St

City

Loma Linda

State

CA

Zip Code

92354-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 0 9

Transaction ID: 90617.C99571

Amount of Each Receipt this Period

100.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anita L Owen

Mailing Address 9305 E Canyon View Rd

City

Scottsdale

State

AZ

Zip Code

85255-6062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 91002.C101709

Amount of Each Receipt this Period

52.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jessie M Pavlinac

Mailing Address 13147 Century Dr

City

Oregon City

State

OR

Zip Code

97045-6700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Health & Science  
Univ

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 9

Transaction ID: 90714.C100922

Amount of Each Receipt this Period

50.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Judith C Rodriguez

Mailing Address 4552 Shiloh Mill Blvd

City

Jacksonville

State

FL

Zip Code

32246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNF

Occupation  
Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 9

Transaction ID: 91002.C101700

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane V White

Mailing Address 10710 Eagle Glenn Dr

City	State	Zip Code
Knoxville	TN	37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF TENNESSEEOccupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: 91002.C101714

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

2201.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille  
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement  
ADAPAC fundraising expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90623.E2094

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

31316.33

ADAPAC FUNDRAISING EXPENSES

**B.**

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille  
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement  
ADAPAC fundraising expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90623.E2095

Date of Disbursement

06 / 22 / 2009

Amount of Each Disbursement this Period

3879.86

ADAPAC FUNDRAISING EXPENSES

**C.**

Full Name (Last, First, Middle Initial)

U.S. Postal Service

Mailing Address 1050 Connecticut Ave NW

City Washington State DC Zip Code 20036-5308

Purpose of Disbursement  
ADAPAC monthly mailings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 90617.E2078

Date of Disbursement

06 / 12 / 2009

Amount of Each Disbursement this Period

153.00

ADAPAC MONTHLY MAILINGS

**SUBTOTAL** of Disbursements This Page (optional) .....

35349.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Smith	<b>Transaction ID:</b> 90623.E2086 <b>Date of Disbursement</b>																				
Mailing Address Ste 480 1120 Connecticut Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Washington State DC Zip Code 20036-3989	Amount of Each Disbursement this Period <table border="1"> <tr> <td>6</td><td>6</td><td>6</td><td>.</td><td>3</td><td>7</td> </tr> </table>	6	6	6	.	3	7														
6	6	6	.	3	7																
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	REIMBURSEMENT: SEE BELOW																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sanderling Resort and Spa	<b>Transaction ID:</b> 90623.E2087 <b>Date of Disbursement</b>																				
Mailing Address 1461 Duck Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Kitty Hawk State NC Zip Code 27949-	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>8</td><td>4</td><td>.</td><td>1</td><td>2</td> </tr> </table>	2	8	4	.	1	2														
2	8	4	.	1	2																
Purpose of Disbursement Travel - Sen. Richard Burr (R-NC) Candidate Name	[MEMO ITEM] MEMO: TRAVEL - SEN. RICHARD BURR (R-NC)																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Smith	<b>Transaction ID:</b> 90623.E2088 <b>Date of Disbursement</b>																				
Mailing Address Ste 480 1120 Connecticut Ave NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Washington State DC Zip Code 20036-3989	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>2</td><td>9</td><td>.</td><td>0</td><td>1</td> </tr> </table>	1	2	9	.	0	1														
1	2	9	.	0	1																
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	REIMBURSEMENT: SEE BELOW																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1956.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address Thomas Ave & Abingdon

City  
Arlington

State  
VA

Zip Code  
22202-

Purpose of Disbursement  
Travel to Rep. Fred Upton (R-MI)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90623.E2089

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

286.20

**[MEMO ITEM]**

MEMO: TRAVEL TO REP. FRED UPTON (R-MI)

**B.**

Full Name (Last, First, Middle Initial)

Park Hyatt Chicago

Mailing Address 800 N Michigan Ave

City  
Chicago

State  
IL

Zip Code  
60611-2105

Purpose of Disbursement  
Travel to Rep. Fred Upton (R-MI)

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 90623.E2090

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

866.30

**[MEMO ITEM]**

MEMO: TRAVEL TO REP. FRED UPTON (R-MI)

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

37305.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

LifeCare Alliance

Mailing Address 1699 West Mount St.

City Columbus State OH Zip Code 43223-

Purpose of Disbursement  
SEN. SHERROD BROWN (D-OH) FUNDRAISECandidate Name  
SHERROD BROWNCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 90623.E2085

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	9

Amount of Each Disbursement this Period

500.00

IN KIND: SEN. SHERROD BROWN (D-OH) FUNDRAISE

**B.**

Full Name (Last, First, Middle Initial)

Congressman Xavier Becerra

Mailing Address BECERRA FOR CONGRESS  
PO Box 261060

City Los Angeles State CA Zip Code 90026-

Purpose of Disbursement  
REP. XAVIER BECERRA (D-CA)Candidate Name  
XAVIER BECERRACategory/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 90714.E2097

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

REP. XAVIER BECERRA (D-CA)

**C.**

Full Name (Last, First, Middle Initial)

Senator Sherrod Brown

Mailing Address FRIENDS OF SHERROD BROWN  
426 C Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
SEN. SHERROD BROWN (D-OH)Candidate Name  
SHERROD BROWNCategory/  
TypeOffice Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OH District: 00

Transaction ID: 90623.E2093

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SEN. SHERROD BROWN (D-OH)

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Sherrod Brown	<b>Transaction ID:</b> 90623.E2091 <b>Date of Disbursement</b>
Mailing Address FRIENDS OF SHERROD BROWN 426 C Street, NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period
Purpose of Disbursement SEN. SHERROD BROWN (D-OH)	<div> <div></div> <div>3000.00</div> </div>
Candidate Name SHERROD BROWN	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SEN. SHERROD BROWN (D-OH)	
<b>B.</b> Full Name (Last, First, Middle Initial) Senator Kent Conrad	<b>Transaction ID:</b> 90623.E2083 <b>Date of Disbursement</b>
Mailing Address FRIENDS OF KENT CONRAD PO Box 812	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City Bismarck State ND Zip Code 58502-	Amount of Each Disbursement this Period
Purpose of Disbursement SEN. KENT CONRAD (D-ND)	<div> <div></div> <div>1000.00</div> </div>
Candidate Name GAYLORD KENT CONRAD	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SEN. KENT CONRAD (D-ND)	
<b>C.</b> Full Name (Last, First, Middle Initial) Congresswoman Diana DeGette	<b>Transaction ID:</b> 90714.E2102 <b>Date of Disbursement</b>
Mailing Address DIANA DEGETTE FOR CONGRESS INC P.O. Box 61337	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 9</div> </div>
City Denver State CO Zip Code 80206-8337	Amount of Each Disbursement this Period
Purpose of Disbursement REP. DIANA DEGETTE (D-CO)	<div> <div></div> <div>1000.00</div> </div>
Candidate Name DIANA L. DEGETTE	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
REP. DIANA DEGETTE (D-CO)	

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Charles E. Grassley	<b>Transaction ID:</b> 90714.E2101 <b>Date of Disbursement</b>
Mailing Address GRASSLEY COMMITTEE PO Box 1000	<div> <div>06</div> <div>30</div> <div>2009</div> </div>
City Des Moines State IA Zip Code 50304-	Amount of Each Disbursement this Period
Purpose of Disbursement SEN. CHARLES GRASSLEY (R-IA)	<div>1000.00</div>
Candidate Name CHARLES E GRASSLEY	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SEN. CHARLES GRASSLEY (R-IA)
<b>B.</b> Full Name (Last, First, Middle Initial) Congressman Tim F. Murphy	<b>Transaction ID:</b> 90714.E2096 <b>Date of Disbursement</b>
Mailing Address Murphy for Congress 46 Ordale Rd	<div> <div>06</div> <div>30</div> <div>2009</div> </div>
City Pittsburgh State PA Zip Code 15228-	Amount of Each Disbursement this Period
Purpose of Disbursement REP. TIM MURPHY (R-PA)	<div>1000.00</div>
Candidate Name TIM MURPHY	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ REP. TIM MURPHY (R-PA)
<b>C.</b> Full Name (Last, First, Middle Initial) Senator Patty Murray	<b>Transaction ID:</b> 90714.E2099 <b>Date of Disbursement</b>
Mailing Address PEOPLE FOR PATTY MURRAY PO Box 3662	<div> <div>06</div> <div>30</div> <div>2009</div> </div>
City Seattle State WA Zip Code 98199-	Amount of Each Disbursement this Period
Purpose of Disbursement SEN. PATTY MURRAY (D-WA)	<div>2500.00</div>
Candidate Name PATTY MURRAY	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SEN. PATTY MURRAY (D-WA)

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TRUST PAC</b> Mailing Address 104 Hume Ave	<b>Transaction ID:</b> 90623.E2080 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div>
City Alexandria State VA Zip Code 22301-1015 Purpose of Disbursement REP. FRED UPTON (R-MI) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <b>REP. FRED UPTON (R-MI)</b>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Rep. Allyson Schwartz</b> Mailing Address P.O. Box 2282 City Jenkintown State PA Zip Code 19046- Purpose of Disbursement REP. ALLYSON SCHWARTZ (D-PA-13) Candidate Name ALLYSON Y. SCHWARTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 13	<b>Transaction ID:</b> 90623.E2084 <b>Date of Disbursement</b> <div> <div>06</div> <div>19</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>REP. ALLYSON SCHWARTZ (D-PA-13)</b>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Congressman Henry A. Waxman</b> Mailing Address CONGRESSMAN WAXMAN CAMPAIGN COMM. 8665 Wilshire Blvd #220 City Beverly Hills State CA Zip Code 90211- Purpose of Disbursement REP. HENRY WAXMAN (D-CA) Candidate Name HENRY A. WAXMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	<b>Transaction ID:</b> 90714.E2098 <b>Date of Disbursement</b> <div> <div>06</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <b>REP. HENRY WAXMAN (D-CA)</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Senator Ron Wyden

**Transaction ID:** 90714.E2100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Mailing Address WYDEN FOR SENATE  
P.O. Box 3498

City Portland State OR Zip Code 97208-

Amount of Each Disbursement this Period

Purpose of Disbursement  
SEN. RON WYDEN (D-OR)Category/  
TypeCandidate Name  
RONALD LEE WYDENOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

SEN. RON WYDEN (D-OR)

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Senator Ron Wyden

**Transaction ID:** 90623.E2081

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	9

Mailing Address WYDEN FOR SENATE  
P.O. Box 3498

City Portland State OR Zip Code 97208-

Amount of Each Disbursement this Period

Purpose of Disbursement  
SEN. RON WYDEN (D-OR)Category/  
TypeCandidate Name  
RONALD LEE WYDENOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 00

SEN. RON WYDEN (D-OR)

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

23500.00